

Driver's Daily Log

NOTE: All entries must be neatly printed in blocks.
 Use blue or black ink only.

B R U C E A

(Driver First Name)

L U E B K E

(Driver Last Name)

2 0 3 5 9 6

(Driver ID NUMBER)

(Co-Driver First Name)

(Co-Driver Last Name)

(Co-Driver ID NUMBER)

Select Company

- | | |
|--|--|
| <input type="checkbox"/> FFE TRANSPORTATION SERVICES | <input type="checkbox"/> NORDIC TRUCKING |
| <input type="checkbox"/> L & H LOGISTICS | <input checked="" type="checkbox"/> LISA MOTOR LINES |
| <input type="checkbox"/> AMERICAN EAGLE LINES | <input type="checkbox"/> GREAT WESTERN EXPRESS |

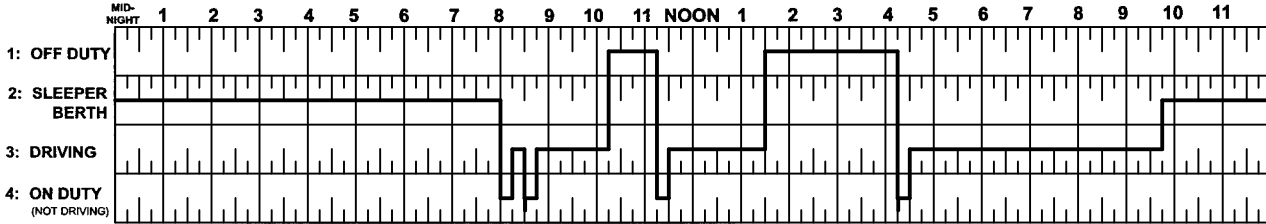
Main Office Address: Dallas, Texas

6 4 9
 (Total Miles Driving Today)

4 2 3 2 0 0 8
 (Month) (Day) (Year)

If multiple off-duty days, enter end date here:
2 0
 (Month) (Day) (Year)

Hours Worked Last 7 Days	0.00
1	12.00
2	8.25
3	8.50
4	11.50
5	7.50
6	3.00
7	Yesterday
Total Hours	50.75
70 Hours Less Total Hours Equals Hours Available Today	19.25
Hours Worked Today	10.00
If Hours Worked Today Exceeds Hours Available You Are In Violation.	



TOTAL HOURS
3 7 5
1 0 2 5
9
1
2 4 0 0

Remarks

Shipping Documents

Stop #90 -- 0474672
 (B/L or Manifest Number)

Ogden UT - Reefer Fuel: 18,016 Gal, Odometer: 154274.6 Pilot # 294
 Ogden UT Fuel: 154,067 Gal, Odometer: 154274.6 Pilot # 294

Ogden UT
 154266.8 UT 5000585 67655
 AFSSL1 DEADHEAD

Farr West UT
 154266.8 UT 5000266 67655
 ASSL1 EMPTY

Farr West UT - Lumper
 Unloaded and Driver and Receiver Counted - Pre-Trip Vehicle Inspection 67655 26535

Springville UT
 154409.5 UT 5000585 67655
 NESSPA LOADED

Springville UT - Shipper Load & Count - Pre-Trip Vehicle Inspection 67655 11191

Springville UT - Post-Trip Vehicle Inspection - Walk Around

Fort Bridger WY
 Fort Bridger WY
 Fuel: 26,130 Gal, Odometer: 154554.9 TA

Pine Bluffs WY - Post Trip Vehicle Inspection - Walk Around

6 7 6 5 5
 (Tractor Number)

Bruce A. Luebke
 (Driver's Signature in Full)
 I certify these entries are true and correct.

2 6 5 3 5
 (Trailer Number 1)

1 1 1 9 1
 (Trailer Number 2)

(Trailer Number 3)

4 2 3 2 0 0 8
 (Month) (Day) (Year)

Driver's Daily Vehicle Inspection

Tractor **Directions: Fill box of any defective item and give details under "Remarks"**

<input checked="" type="checkbox"/> No Defects	<input type="checkbox"/> Heat-Defroster	<input type="checkbox"/> Wheels & Rims	Remarks:
<input type="checkbox"/> Parking Brake	<input type="checkbox"/> Horn	<input type="checkbox"/> Windshield Wipers	
<input type="checkbox"/> Brakes	<input type="checkbox"/> Lights-Reflectors	<input type="checkbox"/> Physical Damage	
<input type="checkbox"/> Clutch	<input type="checkbox"/> Rear View Mirrors	<input type="checkbox"/> Other (Give Details)	
<input type="checkbox"/> Cooling System	<input type="checkbox"/> Oil Pressure		
<input type="checkbox"/> Coupling Devices	<input type="checkbox"/> Speedometer		
<input type="checkbox"/> Emergency Equip.	<input type="checkbox"/> Tires		

Trailer(s)

<input checked="" type="checkbox"/> No Defects	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Wheels & Rims	Remarks: (Identify by trailer number if more than one trailer used)
<input type="checkbox"/> Parking Brake	<input type="checkbox"/> Lights-Reflectors	<input type="checkbox"/> Other (Give Details)	
<input type="checkbox"/> Brakes	<input type="checkbox"/> Physical Damage		
<input type="checkbox"/> Coupling Devices	<input type="checkbox"/> Tires		

I have inspected the above equipment and indicated all noticeable defects. <i>Bruce A. Luebke</i> Driver's Signature:	<input type="checkbox"/> Corrections not necessary for safe operation of vehicle. <input type="checkbox"/> Above defects corrected. Repairman's Signature:	I have reviewed this report and determined that repairman has certified that all necessary repairs have been completed. Driver's Signature:
---	--	--